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FORM D

PROCESS RECURITIES AND EX

Washington

NOTICE OF SA

PURSUANT TO

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL             |          |       |  |  |  |  |  |  |
|--------------------------|----------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0076    |          |       |  |  |  |  |  |  |
| Expires: May 31, 200     |          |       |  |  |  |  |  |  |
| Estimated average burden |          |       |  |  |  |  |  |  |
| hours per                | response | 16.00 |  |  |  |  |  |  |
|                          |          |       |  |  |  |  |  |  |
| SEC USE ONLY             |          |       |  |  |  |  |  |  |
| Prefix Serial            |          |       |  |  |  |  |  |  |
|                          |          |       |  |  |  |  |  |  |
| DATE RECEIVED            |          |       |  |  |  |  |  |  |

| Name of Offering ( check if this is an ar  |                                   | ndicate change.)           |                  |                            |  |  |  |  |
|--|-----------------------------------|----------------------------|------------------|----------------------------|--|--|--|--|
| DIRAmed LLC - Units of Member  |                                   |                            |                  |                            |  |  |  |  |
| Filing Under (Check box(es) that apply:  |                                   | Rule 505                   |                  | Section 4(6)               | ☐ ULOE   |  |  |  |
| Type of Filing:  |                                   |                            |                  |                            |  |  |  |  |
|  |                                   | TIFICATION DATA            |                  |                            |  |  |  |  |
| 1. Enter the information requested about the   |                                   |                            |                  |                            |  |  |  |  |
| Name of Issuer ( check if this is an ame   | 5 ,                               | licate change.)            |                  |                            |  |  |  |  |
| DIRAmed LLC (formerly SCI Asia   |                                   | ,                          |                  |                            |  |  |  |  |
| Address of Executive Offices   |                                   | et, City, State, Zip Code) |                  | (Including Area Code)      |  |  |  |  |
| 7871 Lithopolis Road N.W.  | Car                               | Toll, OH 43112             | 614-834          | -0345                      |  |  |  |  |
| Address of Principal Business Operations   | (Number and Stree                 | et, City, State, Zip Code) | Telephone Number | (Including Area Code)      |  |  |  |  |
| (if different from Executive Offices)  |                                   |                            |                  |                            |  |  |  |  |
| Brief Description of Business  |                                   |                            |                  | 1881 1919                  |  |  |  |  |
| Develop license and months wooding   | .1 dia                            |                            |                  |                            | <b>111</b>        <b>11/11</b>     <b>11</b>   |  |  |  |
| Develop, license and market medica   | il diagnosis devices.             |                            |                  |                            | <b>                                       </b> |  |  |  |
| Type of Business Organization  |                                   |                            |                  | mara ilita tatal fäili 98i | 88 HIN 88188 HISSI                             |  |  |  |
| corporation  | limited partnership, already form | ed                         | other (please    | 030385                     | 44   |  |  |  |
|  |                                   |                            |                  | ed liability company       | • •  |  |  |  |
| business trust   | limited partnership, to be formed |                            |                  |                            |  |  |  |  |
| _  | _ ' ' ' ' '                       |                            |                  |                            |  |  |  |  |
|  | Mo                                | nth Year                   |                  | por                        | JCESSEL  |  |  |  |
|  | 0                                 | 3 9 9                      |                  |                            |  |  |  |  |
| Actual or Estimated Date of Incorporation  | or Organization:                  |                            |                  | Estimated                  | 4 0. 1002                                      |  |  |  |
| •  |                                   |                            |                  | OH NO                      | V 192003                                       |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: |                                   |                            |                  |                            |  |  |  |  |
|  | CN for Canada; FN for o           | ther foreign jurisdictior  | 1)               |                            | THOMSON  |  |  |  |

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control Number

| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity sessentime of the issuer, it the issuer has been organized within the pass five years;      Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity sessentime of the issuer;      Each oxecutive officer and director of corporate issuers and of compared and managing partners of partnership issuers; and the partnership issuers; and partner       | •                                       |                      |                             |  |                                       | ·                       |             |  |  |  |
|--|---|----------------------|-----------------------------|--|---------------------------------------|-------------------------|-------------|--|--|--|
| Each promoter of the issuer, if the issuer has been organized within the past five years,  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of earity securities of the issuer;  Each general and manging partner of partnership issuers and of corporate general and managing partners of partnership issuers; and  Each general and manging partner of partnership issuers.  Check Box(es) that Apply:   Premoter   Beneficial Owner   Security Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Schlegel, Robert  Business or Residence Address (Number and Street, City, State, Zip Code)  of Remigned Debris, Each, W.C. and Colombias, Other   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  of Remigned Debris, Each, L. (225 Outlin Road, Colombias, Other   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  3095 Grant Run Fluce, Gener City, Othio 43122  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  of Omers, 2775 Kinnear Road, Columbias, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Scholiett, Keth E.  Business or Residence Address (Number and Street, City, State, Zip Code)  of Omers, 1275 Kinnear Road, Columbias, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Scholiett, Keth E.  Business or Residence Address  |   |                      | å A. BASIO                  | CIDENTIFICATION DA   | TA                                    |                         | 32.5        |  |  |  |
| Bash beneficial cower having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.  Beach securities of the issuer.  Each general and managing partners of partnership issuers.  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Full Name (Last name first, if individual)  Schlege, Robert  Business or Residence Address (Number and Street, City, State, Zip Code)  7811 Libropolis RR, NW, Carroll, OH 41112  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Buries or Residence Address (Number and Street, City, State, Zip Code)  or o Remington-Davis, Inc. 125 Dublin Road (Columbus, Oblo 43215  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Hitchcock, Richard L  Business or Residence Address (Number and Street, City, State, Zip Code)  9783 Clamb Run Place, Grove City, Oblio 41212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Levis, John F, Jr.  Business or Residence Address (Number and Street, City, State, Zip Code)  of Omeris, 1275 Kimear Road, Columbus, Oblio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Scheller Address (Number and Street, City, State, Zip Code)  of Omeris, 1275 Kimear Road, Columbus, Oblio 43212  Check Box(es) that Apply:   Promoter   Deneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Scheller Address (Number and Street, City, State, Zip Code)  of Omeris, 1275 Kimear Road, Columbus, Oblio 43212  Check Box(  | 2. Enter the information requ           | uested for the foll  | owing:                      |  |                                       |                         |             |  |  |  |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and     Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers.  Check Beav(s) that Apply:   Premoter   Beneficial Owner   See Executive Officer   Director   General and/or Muniaging Partner  Full Name (Last name first, if individual)  Schlegel, Robert   See Executive Officer   Director   General and/or Muniaging Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  7871 Lithopolis Rd., NW, Carroll, OH 43112  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Muniaging Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  co Remingion-Davis, Inc., 1225 Dublin Read, Columbus, Ohio 42216  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Muniaging Partner  Full Name (Last name first, if individual)  Biticheck, Richard L  Business or Residence Address (Number and Street, City, State, Zip Code)  co Omersi, 1775 Kimiser Read, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Muniaging Partner  Full Name (Last name first, if individual)  Scheller, Richit B.  Business or Residence Address (Number and Street, City, State, Zip Code)  co Omersi, 1775 Kimiser Read, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Muniaging Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  co Omersi, 1275 Kimiser Read, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Muniaging Partner  Full Name (Last name first, if in      | <ul> <li>Each promoter of th</li> </ul> | e issuer, if the iss | uer has been organized w    | vithin the past five years;  |                                       |                         |             |  |  |  |
| Each general and managing partner of partnership issuers.   Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   Managing Partner  |   |                      |                             |  |                                       |                         |             |  |  |  |
| Feel Roxe (Last name first, if individual)   Schlegel, Robert  | • Each executive office                 | cer and director of  | f corporate issuers and of  | corporate general and man  | aging partners of pa                  | artnership issuers; and |             |  |  |  |
| Full Name (Last name first, if individual) Schlegel, Robert  Strick Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  7871 Lithopolis Rad, NV, Carroll, O'H 30 112  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner  Business or Residence Address (Namber and Street, City, State, Zip Code) clos Remingon-Davis, Inc., 1225 Dublim Rad, Columbus, Ohio 43316  Check Box(es) that Apply:   Premoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code) 5985 Giant Run Place, Grove City, Ohio 43123  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner  Full Name (Last name first, if individual)  Levis, John F. Jr.  Business or Residence Address (Number and Street, City, State, Zip Code) cloo Omeris, 1275 Kimeer Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner  Full Name (Last name first, if individual)  Schleifte, Keith   Business or Residence Address (Number and Street, City, State, Zip Code) cloo Omeris, 1275 Kimeer Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner  Full Name (Last name first, if individual)  Scheifte, Keith   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner   Director   Managing Partner   Managing Partner   Director   Managing Partner   Dir | <ul> <li>Each general and m</li> </ul>  | anaging partner o    | f partnership issuers.      |  |                                       |                         |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Tay 11 Linkpeolis Rd, NW, Caroll, OH 43112  Check Box(es) that Apply:  | Check Box(es) that Apply:               | Promoter             | ☐ Beneficial Owner          |  | ☑ Director                            | <del></del>             |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) 7871 Lithlepoins Rd., NW, Carroll, OH 43112  Check Box(s) that Apply:   | Full Name (Last name first, if i        | ndividual)           |                             |  |                                       |                         |             |  |  |  |
| Promoter   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Panner   | Schlegel, Robert                        |                      |                             |  |                                       |                         |             |  |  |  |
| Promoter   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Panner   | Business or Residence Address           | (Number and Str      | reet, City, State, Zip Code | e)   |                                       |                         |             |  |  |  |
| Check Box(es) that Apply:  |   | •                    |                             | ,  |                                       |                         |             |  |  |  |
| Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) c/o Remington-Davis, Izc., 1225 Dublin Road, Columbus, Ohio 43216  Check Box(es) that Apply:   |   |                      |                             | ☐ Executive Officer  | M Director                            | General and/or          | _           |  |  |  |
| Baird, Hamish  Business or Residence Address (Number and Street, City, Stare, Zip Code)  | Check Box(es) that Apply.               | LI Tromoter          | Belieficial Owlief          | Executive Officer  | M Director                            | <del></del>             |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Remington-Davis, Inc., 1225 Dablin Road, Columbus, Ohio 43216  Check Box(es) that Apply:  | Full Name (Last name first, if i        | ndividual)           |                             | THE STATE OF THE S |                                       |                         |             |  |  |  |
| c/o Remington-Davis, Inc., 1225 Dubilin Road, Columbus, Ohio 43216  Check Box(es) that Apply:  | Baird, Hamish                           |                      |                             |  |                                       |                         |             |  |  |  |
| c/o Remington-Davis, Inc., 1225 Dubilin Road, Columbus, Ohio 43216  Check Box(es) that Apply:  | Business or Residence Address           | (Number and Str      | reet, City, State, Zip Code |  |                                       |                         | <del></del> |  |  |  |
| Check Box(es) that Apply:  |   | `                    |                             |  |                                       |                         |             |  |  |  |
| Full Name (Last name first, if individual) Hitchcock, Richard L  Business or Residence Address (Number and Street, City, State, Zip Code) 5985 Grant Run Place, Grove City, Ohio 43123  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Lewis, John F., Jr.  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Omeris, 1275 Kimear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Omeris, 1275 Kimear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Infrared Imaging Systems, 1275 Kimear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Infrared Imaging Systems, 1275 Kimear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Ricea, Steven V.   |   | <del></del>          | <del></del>                 |  | Director                              | Constal and/or          |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  5985 Grant Run Place, Grove City, Ohio 43123  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Lewis, John F., Ir.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  | Check Box(es) that Apply.               | ☐ Fromotei           | ☐ Belleficial Owller        | ☐ Executive Officer  | ☑ Director                            | <del></del>             |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  5985 Grant Run Place, Grove City, Ohio 43123  Check Box(es) that Apply:  | Full Name (Last name first, if i        | individual)          |                             |  |                                       |                         | <del></del> |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  5985 Grant Run Place, Grove City, Ohio 43123  Check Box(es) that Apply:  | Hitchcock, Richard                      | L.                   |                             |  |                                       |                         |             |  |  |  |
| Sy85 Grant Run Place, Grove City, Ohio 43123  Check Box(es) that Apply:  |   |                      | reet, City, State, Zip Code | e)   | ,,,                                   |                         |             |  |  |  |
| Check Box(es) that Apply:  |   |                      |                             | -,   |                                       |                         |             |  |  |  |
| Full Name (Last name first, if individual)  Lewis, John F., Jr.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  |   |                      | <del></del>                 | T Francisco Officer  | Dimenten                              | Concept and/or          |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  | Check Box(es) that Apply.               | ☐ Fromoter           | ☐ Belleticiai Owliei        | Executive Officer  | Director                              |                         |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   | Full Name (Last name first, if i        | individual)          |                             |  |                                       |                         |             |  |  |  |
| Check Box(es) that Apply:  | Lewis, John F., Jr.                     |                      |                             |  |                                       |                         |             |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual) Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual) Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual) Ricea, Steven V.  | Business or Residence Address           | (Number and St       | reet, City, State, Zip Code | e)   |                                       |                         | -           |  |  |  |
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| Full Name (Last name first, if individual) Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual) Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code) c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual) Ricea, Steven V.  |   |                      |                             | ☐ Executive Officer  | Director                              | General and/or          |             |  |  |  |
| Schleiffer, Keith E.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  |   |                      |                             |  |                                       |                         |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  | Full Name (Last name first, if          | individual)          |                             |  |                                       |                         |             |  |  |  |
| c/o Omeris, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply:   | Schleiffer, Keith E.                    |                      |                             |  |                                       |                         |             |  |  |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.   | Business or Residence Address           | s (Number and St     | reet, City, State, Zip Cod  | e)   |                                       |                         |             |  |  |  |
| Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  | c/o Omeris, 1275 K                      | innear Road, Col     | umbus, Ohio 43212           |  |                                       |                         |             |  |  |  |
| Full Name (Last name first, if individual)  Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  | Check Box(es) that Apply:               | Promoter             | ☐ Beneficial Owner          | ☐ Executive Officer  |                                       | General and/or          |             |  |  |  |
| Siegel, Dale  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  |   |                      |                             |  |                                       | Managing Partner        |             |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.   | Full Name (Last name first, if          | individual)          |                             |  |                                       |                         |             |  |  |  |
| c/o Infrared Imaging Systems, 1275 Kinnear Road, Columbus, Ohio 43212  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.  | Siegel, Dale                            |                      |                             |  |                                       |                         |             |  |  |  |
| Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner  Full Name (Last name first, if individual)  Ricea, Steven V.   | Business or Residence Address           | s (Number and St     | reet, City, State, Zip Cod  | e)   |                                       |                         |             |  |  |  |
| Full Name (Last name first, if individual)  Ricea, Steven V.   | c/o Infrared Imagin                     | g Systems, 1275      | Kinnear Road, Columbus      | s, Ohio 43212  |                                       |                         |             |  |  |  |
| Ricea, Steven V.   | Check Box(es) that Apply:               | Promoter             | Beneficial Owner            |  | Director                              | <del></del>             |             |  |  |  |
| Ricea, Steven V.   | Full Name (Last name first, if          | individual)          |                             |  |                                       |                         |             |  |  |  |
|  | •                                       | ,                    |                             | •  |                                       |                         |             |  |  |  |
| Daginggy of Registrice (100/00) (110/00) and Origin City, Dailo, &ID COUC)   |   | s (Number and St     | reet, City, State, Zip Cod  | e)   |                                       |                         |             |  |  |  |
|  |   | s (Number and St     | reet City State 7in Cod     | ( )  | · · · · · · · · · · · · · · · · · · · |                         |             |  |  |  |

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3092 Avalon Road, Upper Arlington, Ohio 43221

| Check Box(es) that Apply:      | Promoter           | ☐ Beneficial Owner          | Executive Officer   | Director   | General and/or Managing Partner |
|--------------------------------|--------------------|-----------------------------|---------------------|------------|---------------------------------|
| Full Name (Last name first, if | individual)        |                             |                     |            |                                 |
| Watkins, David W.              |                    |                             |                     |            |                                 |
| Business or Residence Address  | (Number and Str    | eet, City, State, Zip Code  | e)                  |            |                                 |
| 5920 Braeburn Plac             | e, Pittsburgh, PA  | 15232                       |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter           | ⊠ Beneficial Owner          | ☐ Executive Officer | Director   | General and/or Managing Partner |
| Full Name (Last name first, if | indiviđual)        |                             |                     |            |                                 |
| Ruhl, John R.                  |                    |                             |                     |            |                                 |
| Business or Residence Address  | (Number and Str    | eet, City, State, Zip Code  | e)                  |            |                                 |
| 1801 East Wells, P             | ierre, S.D. 57501  |                             |                     |            |                                 |
| Check Box(es) that Apply:      | ☐ Promoter         | ⊠ Beneficial Owner          | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)        |                             |                     |            |                                 |
| Norsyn, Inc.                   |                    |                             |                     |            |                                 |
| Business or Residence Address  | s (Number and St   | reet, City, State, Zip Code | e)                  |            |                                 |
| 1801 East Wells, P             | rierre, S.D. 57501 |                             |                     |            |                                 |
| Check Box(es) that Apply:      | ☐ Promoter         | ☐ Beneficial Owner          | ☐ Executive Officer | Director   | General and/or Managing Partner |
| Full Name (Last name first, if | individual)        |                             |                     |            |                                 |
| Business or Residence Address  | s (Number and St   | reet, City, State, Zip Code | 2)                  |            |                                 |
| Check Box(es) that Apply:      | Promoter           | ☐ Beneficial Owner          | Executive Officer   | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)        |                             |                     |            |                                 |
| Business or Residence Addres   | s (Number and St   | reet, City, State, Zip Code | e)                  |            |                                 |
| Check Box(es) that Apply:      | Promoter           | ☐ Beneficial Owner          | ☐ Executive Officer | Director   | General and/or Managing Partner |
| Full Name (Last name first, if | individual)        |                             |                     |            |                                 |
| Business or Residence Addres   | s (Number and St   | reet, City, State, Zip Code | e)                  |            |                                 |
| Check Box(es) that Apply:      | ☐ Promoter         | ☐ Beneficial Owner          | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)        |                             |                     |            |                                 |
| Business or Residence Addres   | s (Number and St   | reet, City, State, Zip Code | e)                  |            |                                 |

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| 4.   |                                  |                                  |                                      |   |                                      | B. INFO                              | RMATIO                                  | N ABOUT                          | OFFERIN                          | G                                |                                  | a Year sa  | 2.70                             |            | 75. Sec.    |
|--|----------------------------------|----------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|----------------------------------|------------|-------------|
|  |                                  |                                  |                                      |   |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  | Yes        | No          |
| 1.   | Has the                          | issuer sold,                     | or does the                          | issuer inter                            | nd to sell, to                       | non-accre                            | dited invest                            | tors in this o                   | offering?                        |                                  |                                  |  | •••••                            | [ ]        | [X]         |
| Answer also in Appendix, Column 2, if filing under ULOE.                 |                                  |                                  |                                      |   |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
| What is the minimum investment that will be accepted from any individual |                                  |                                  |                                      |   |                                      |                                      |   |                                  | \$ <u>no min</u>                 | imum                             |                                  |  |                                  |            |             |
|  |                                  |                                  |                                      |   |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  | Yes        | No          |
| 3.   | Does the                         | offering pe                      | ermit joint o                        | ownership o                             | of a single u                        | ınit                                 |   |                                  |                                  | *************                    |                                  |  | •••••                            | [X]        | []          |
| 4.   | sion or<br>to be l<br>list the   | similar re<br>isted is a         | muneration<br>associate<br>the broke | n for solid<br>ed person<br>er or deale | itation of<br>or agent<br>er. If mor | purchasers<br>of a broke<br>than fiv | s in conne<br>ter or dea<br>ve (5) per  | ection with<br>tler registe      | n sales of<br>red with           | securities<br>the SEC            | in the o<br>and/or wit           | rectly, any<br>ffering. If<br>h a state<br>s of such | a person or states,              |            |             |
| Full   | Name (La                         | ast name fir                     | st, if indivi                        | dual)                                   |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
|  | N/.                              | A                                |                                      |   |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Bus  | iness or R                       | esidence Ac                      | ldress (Nur                          | nber and St                             | reet, City, S                        | State, Zip C                         | ode)                                    |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Nan  | ne of Asso                       | ciated Brok                      | er or Deale                          | r                                       |                                      |                                      |   |                                  |                                  |                                  | . <u></u>                        |  |                                  |            |             |
| Stat   | es in Whic                       | h Person L                       | isted Has S                          | olicited or                             | Intends to S                         | Solicit Purch                        | nasers                                  |                                  |                                  |                                  | <del></del>                      |  |                                  |            | <del></del> |
|  | (Check '                         | 'All States"                     | or check ir                          | idividual St                            | ates)                                | ••••                                 | • |                                  | *************                    |                                  | **************                   |  | Ы                                | All States |             |
|  | [ AL]<br>[ IL]<br>[ MT]<br>[ RI] | [ AK]<br>[ IN]<br>[ NE]<br>[ SC] | [ AZ]<br>[ IA]<br>[ NV]<br>[ SD]     | [ AR]<br>[ KS]<br>[ NH]<br>[ TN]        | [ CA]<br>[ KY]<br>[ NJ]<br>[ TX]     | [ CO]<br>[ LA]<br>[ NM]<br>[ UT]     | [ CT]<br>[ ME]<br>[ NY]<br>[ VT]        | [ DE]<br>[ MD]<br>[ NC]<br>[ VA] | [ DC]<br>[ MA]<br>[ ND]<br>[ WA] | [ FL]<br>[ MI]<br>[ OH]<br>[ WV] | [ GA]<br>[ MN]<br>[ OK]<br>[ WI] | [ HI]<br>[ MS]<br>[ OR]<br>[ WY]                     | [ ID)<br>[ MO]<br>[ PA]<br>[ PR] |            |             |
| Fuli   | Name (La                         | ast name fir                     | st, if indivi                        | dual)                                   | **                                   |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Bus  | iness or R                       | esidence Ad                      | idress (Nur                          | nber and St                             | reet, City, S                        | State, Zip C                         | ode)                                    | <u> </u>                         |                                  |                                  |                                  |  |                                  |            |             |
| Nan  | ne of Asso                       | ciated Brol                      | cer or Deale                         | er                                      |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Stat   | es in Whic                       | ch Person L<br>'All States"      | isted Has S<br>or check ir           | olicited or<br>adividual St             | Intends to Sates)                    | Solicit Purcl                        | nasers                                  |                                  |                                  |                                  |                                  |  |                                  | All States |             |
|  | [ AL]<br>[ IL]<br>[ MT]<br>[ Rl] | [ AK]<br>[ IN]<br>[ NE]<br>[ SC] | [ AZ]<br>[ IA]<br>[ NV]<br>[ SD]     | [ AR]<br>[ KS]<br>[ NH]<br>[ TN]        | [ CA]<br>[ KY]<br>[ NJ]<br>[ TX]     | [ CO]<br>[ LA]<br>[ NM]<br>[ UT]     | [ CT]<br>[ ME]<br>[ NY]<br>[ VT]        | [ DE]<br>[ MD]<br>[ NC]<br>[ VA] | [ DC]<br>[ MA]<br>[ ND]<br>[ WA] | [ FL]<br>[ MI]<br>[ OH]<br>[ WV] | [ GA]<br>[ MN]<br>[ OK]<br>[ WI] | [ HI]<br>[ MS]<br>[ OR]<br>[ WY]                     | [ ID]<br>[ MO]<br>[ PA]<br>[ PR] |            |             |
| Full   | Name (La                         | ast name fir                     | st, if indivi                        | dual)                                   |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Bus  | iness or R                       | esidence A                       | idress (Nui                          | nber and St                             | reet, City, S                        | State, Zip C                         | ode)                                    |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Nan  | ne of Asso                       | ociated Brol                     | cer or Deale                         | er                                      |                                      |                                      |   |                                  |                                  |                                  |                                  |  |                                  |            |             |
| Stat   |                                  | ch Person L<br>"All States"      |                                      |   |                                      |                                      |   |                                  | ****                             |                                  |                                  | •••••  |                                  | All States |             |
|  | [ AL]<br>[ IL]<br>[ MT]<br>[ RI] | [ AK]<br>[ IN]<br>[ NE]<br>[ SC] | [ AZ]<br>[ IA]<br>[ NV]<br>[ SD]     | [ AR]<br>[ KS]<br>[ NH]<br>[ TN]        | [ CA]<br>[ KY]<br>[ NJ]<br>[ TX]     | [ CO]<br>[ LA]<br>[ NM]<br>[ UT]     | [ CT]<br>[ ME]<br>[ NY]<br>[ VT]        | [ DE]<br>[ MD]<br>[ NC]<br>[ VA] | [ DC]<br>[ MA]<br>[ ND]<br>[ WA] | [ FL]<br>[ MI]<br>[ OH]<br>[ WV] | [ GA]<br>[ MN]<br>[ OK]<br>[ WI] | [ HI]<br>[ MS]<br>[ OR]<br>[ WY]                     | [ ID]<br>[ MO]<br>[ PA]<br>[ PR] |            |             |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O  | r rkuceeds 🧢                |                           |
|----|---|-----------------------------|---------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             |                           |
|    | Type of Security  | Aggregate<br>Offering Price | Amount Airead<br>Sold     |
|    |   | •                           | S                         |
|    | Debt  | \$                          | \$                        |
|    | Equity  | \$                          | J                         |
|    | ☐ Common ☐ Preferred  |                             | ¢.                        |
|    | Convertible Securities (including warrants)   | \$                          | 5                         |
|    | Partnership Interests   | \$                          | 5                         |
|    | *Other (Specify <u>Units of Member Interest in LLC</u>  | \$1,000,000                 | \$ 504,000                |
|    | Total   | \$                          | \$                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |                           |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |                           |
|    |   |                             | Aggregate<br>Dollar Amoun |
|    |   | Number Investors            | of Purchases              |
|    | *Accredited Investors   | 11                          | \$ <u>504,000</u>         |
|    | Non-accredited Investors  | -0-                         | \$                        |
|    | Total (for filings under Rule 504 only)   | 11                          | \$_504,000                |
|    | Answer also in Appendix, Column 4, if filing under ULOE   |                             | \$                        |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.   |                             |                           |
|    | Tune of affecting   | Type of Security            | Dollar Amour<br>Sold      |
|    | Type of offering  Rule 505  | 0                           |                           |
|    |   |                             | \$0-                      |
|    | Regulation A  |                             | \$0-                      |
|    | Rule 504  |                             | \$0                       |
|    | Total   | 0-                          | \$ <u>-0-</u>             |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                           |
|    | Transfer Agent's Fees   |                             | \$                        |
|    | Printing and Engraving Costs  |                             | \$                        |
|    | Legal Fees  | 🛛                           | \$ 10,000                 |
|    | Accounting Fees   |                             | \$                        |
|    | Engineering Fees  |                             | \$                        |
|    | Sales Commissions (specify finders' fees separately)  | _                           | \$                        |
|    | Other Expenses (identify)   |                             | \$                        |
|    | Total   |                             | \$ 10,000                 |

| 775         | C. OFFERING PRICE, NU   | IMBER OF INVESTO                               | RS, EXPENSES AND                                | USE C          | F PROCEEDS***  |                            |  |  |  |
|-------------|---|--|---|----------------|--|----------------------------|--|--|--|
|             | b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."  |  |   |                |  | \$ <u>494,000</u>          |  |  |  |
| 5.          | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |  |   |                |  |                            |  |  |  |
|             |   |  |   |                | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others      |  |  |  |
|             | Salaries and fees   | ***************************************        | ,,,   |                | \$   | <b>\$</b>                  |  |  |  |
|             | Purchase of real estate   | ••••   |   |                | \$   | □ s                        |  |  |  |
|             | Purchase, rental or leasing and installation of   | machinery and equipm                           | ent   |                | \$   | □ \$                       |  |  |  |
|             | Construction or leasing of plant buildings and  | 1 facilities                                   |   |                | \$   | <b>\$</b>                  |  |  |  |
|             | Acquisition of other businesses (including the offering that may be used in exchange for the  | e assets or securities of                      | another I                                       | _              |  |                            |  |  |  |
|             | ssuer pursuant to a merger)   |  |   |                | \$   | <b>S</b>                   |  |  |  |
|             | Repayment of indebtedness   |  |   | $\boxtimes$    | \$ <u>4,000</u>  | □ \$                       |  |  |  |
|             | Working capital   |  |   |                | \$   | <b>⊠</b> \$ <u>108,300</u> |  |  |  |
|             | Other (specify): redemption of units subject to   | o resale upon option                           |   |                | \$ <u>26,700</u>                                       | □ \$                       |  |  |  |
|             | License rights  |  |   |                | \$ <u>355,000</u>                                      | □ \$                       |  |  |  |
|             | Column Totals   |  |   |                | \$   | <b>\$</b>                  |  |  |  |
|             | Total Payments Listed (column totals added)   |  |   |                | <b>⊠</b> \$ <u>494,0</u>                               | 000                        |  |  |  |
| ****        |   | D FEDERALS                                     | ICNATURE"                                       |                |  |                            |  |  |  |
| The<br>foll | issuer has duly caused this notice to be signe<br>owing signature constitutes an undertaking by the<br>of its staff, the information furnished by the issuer  | ed by the undersigned<br>the issuer to furnish | I duly authorized pers<br>to the U.S. Securitie | on. If s and l | this notice is filed<br>Exchange Commissi              | under Rule 505, the        |  |  |  |
| Issu        | er (Print or Type)  | Signature                                      |   |                | Date // Nov  | 2003 2003                  |  |  |  |
| DIF         | Amed LLC  | Cober!   | Sellegel  |                |  | 2003                       |  |  |  |
| Nar         | ne of Signer (Print or Type   | Title of Signer (Prin                          |   |                |  |                            |  |  |  |
| Rot         | ert P. Schlegel   | President-                                     | CHAIRMAN  | CE             | 0  |                            |  |  |  |

\*The issuer has effected the following transactions:

In connection with organization:

- Issued 900,000 Units at \$.01 (\$9,000)
- Issued 6,350,000 Units for license rights valued at \$317,500 (\$.05 per Unit)
- Issued 750,000 Units for license rights valued at \$37,500 (\$.05 per Unit)

Authorized Offering of 2,000,000 Units at \$.10 (\$200,000 aggregate), together with redemption/option resale of 2,000,000 Units at \$.05 (\$100,000 aggregate).

Sold to date:

623,000 Units at \$.10 (\$67,300 aggregate)

534,000 Units at \$.05 (\$26,700 aggregate)

- Issued 600,000 Units at \$.01 (\$6,000 aggregate)
- Issued 900,000 Units at \$.05 (\$45,000 aggregate)

| ATTENTION   |            |
|---|------------|
| ntentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S | .C. 1001.) |

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